MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:31

Reporting for the week ending 08/03/19 (MMWR Week #31)

August 9th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS
National: **No Active Alerts**
Maryland: **Normal (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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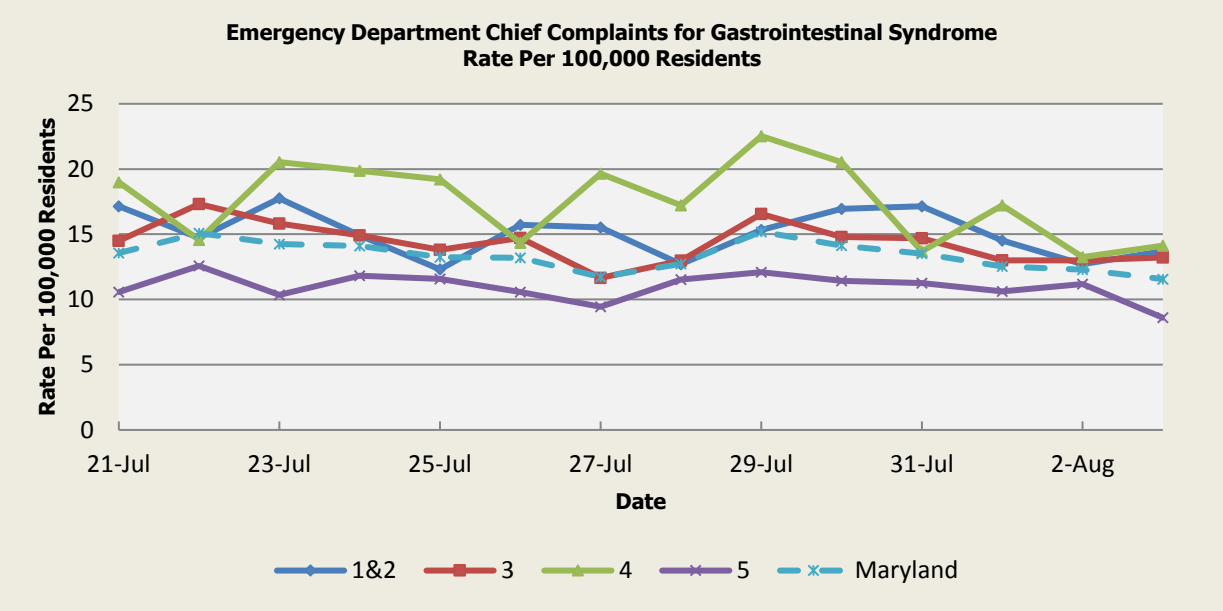
Gastrointestinal Syndrome



There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a shelter (Region 3).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.27	15.10	15.92	10.25	13.15
Median Rate*	13.11	14.87	15.46	10.13	13.01

** Per 100,000 Residents*

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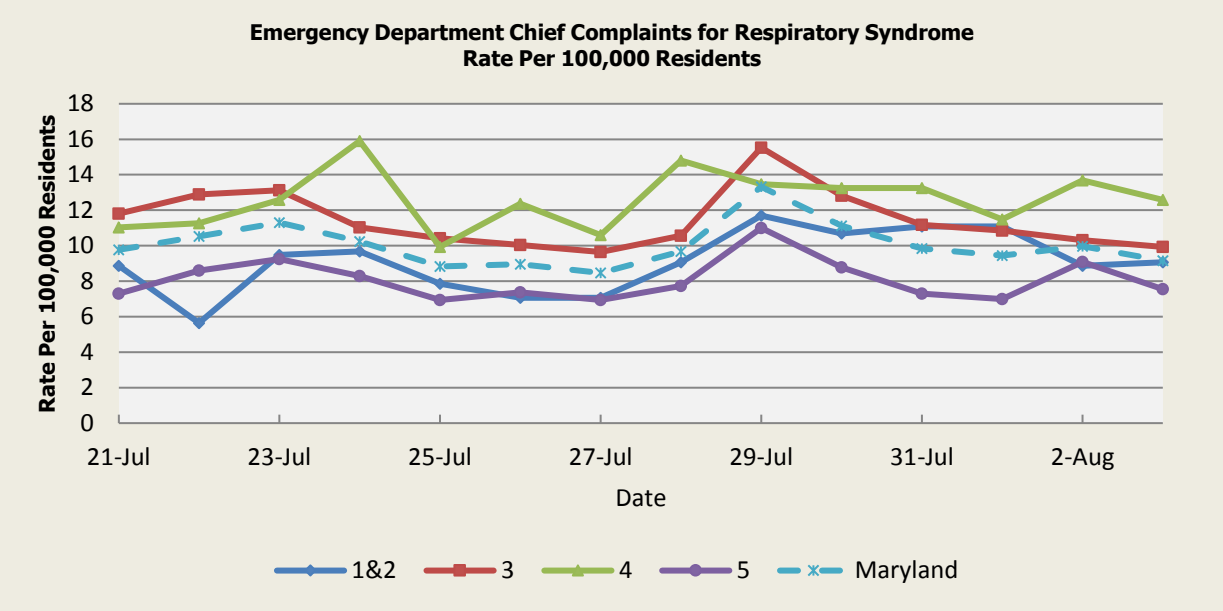
Respiratory Syndrome



There were no Respiratory Syndrome outbreaks reported this week.

	Respiratory Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.63	14.72	15.06	9.96	12.75
Median Rate*	12.10	14.18	14.35	9.60	12.25

** Per 100,000 Residents*

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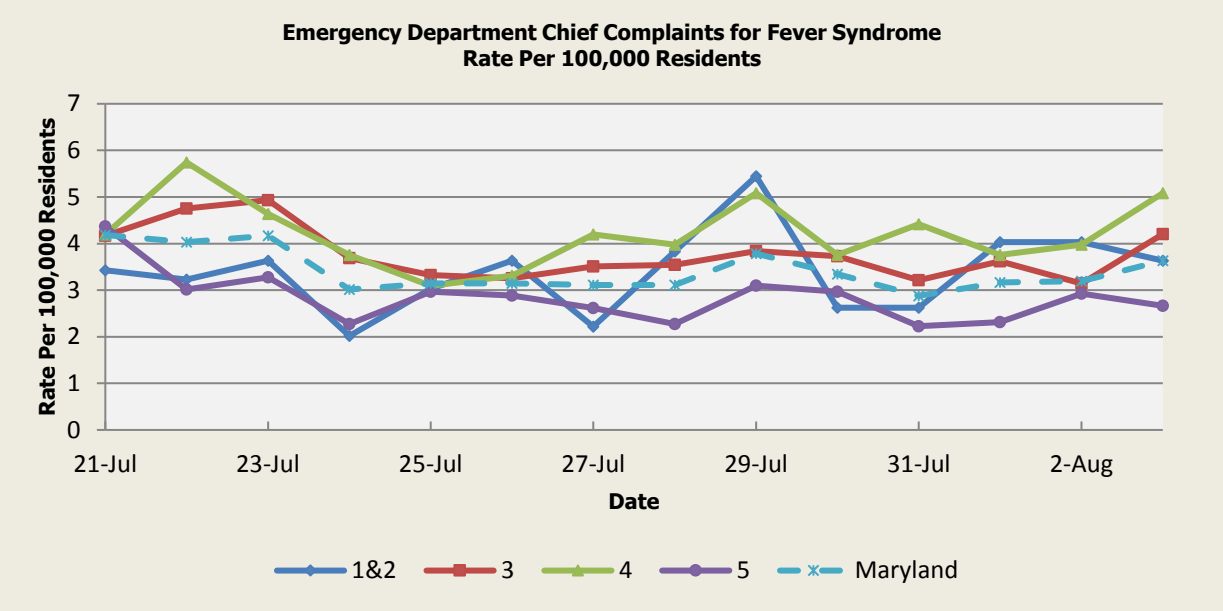
Fever Syndrome



There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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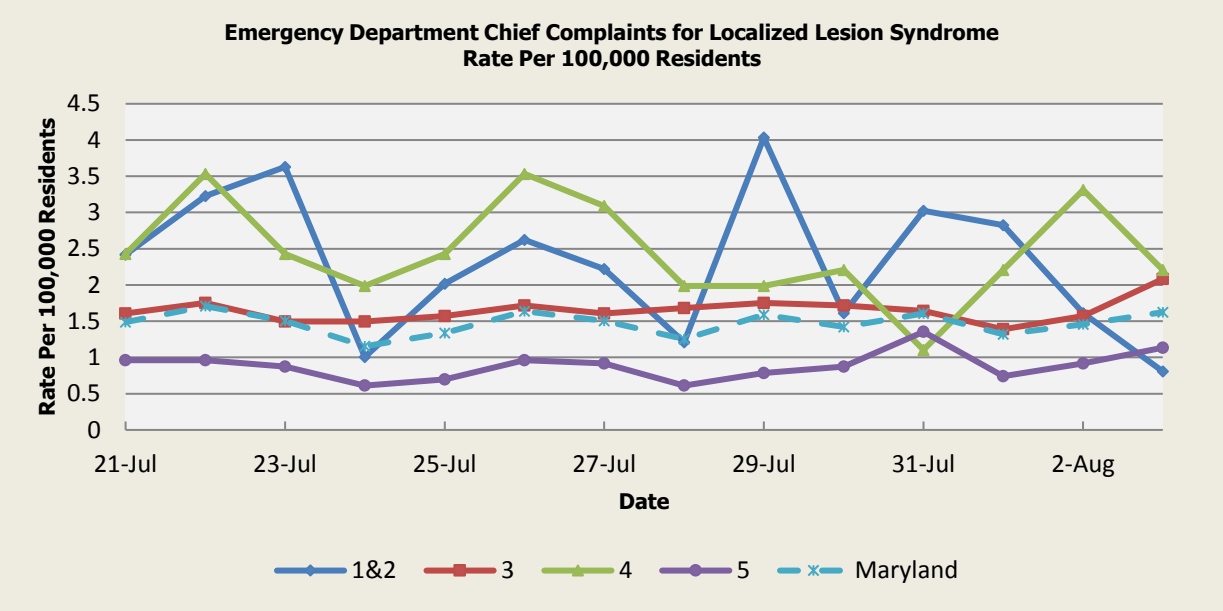
Localized Lesion Syndrome



There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.14	1.79	2.04	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

** Per 100,000 Residents*

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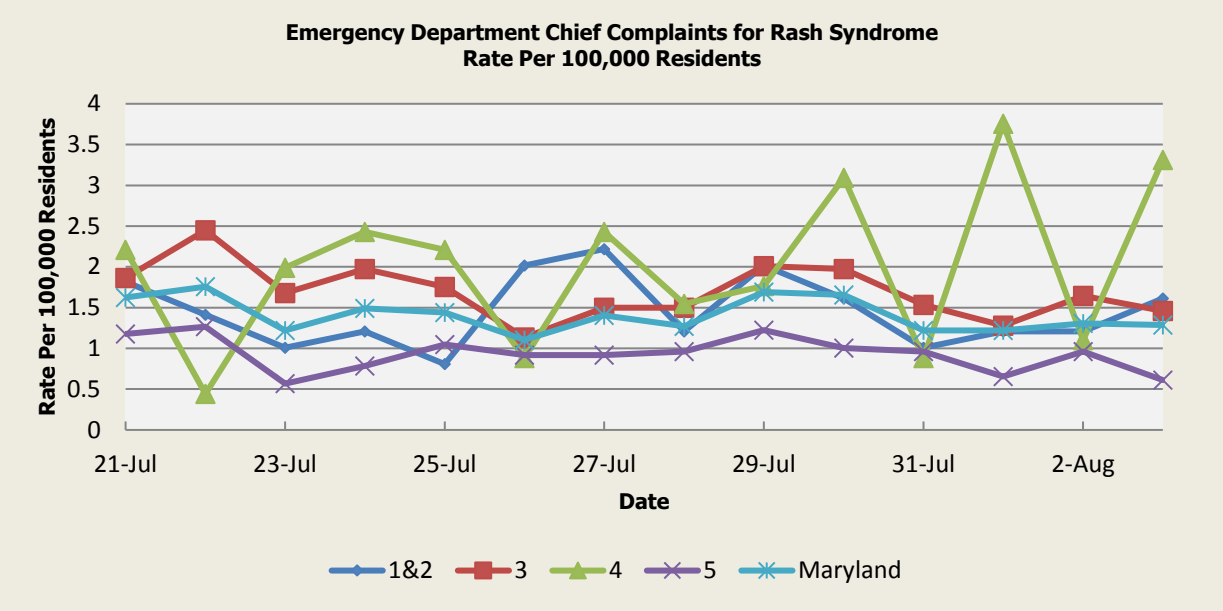
Rash Syndrome



There were 2 (two) Rash Syndrome outbreaks reported this week: two (2) outbreaks of SCABIES in Nursing Homes (Region 3).

	Rash Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.24	1.68	1.77	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

** Per 100,000 Residents*

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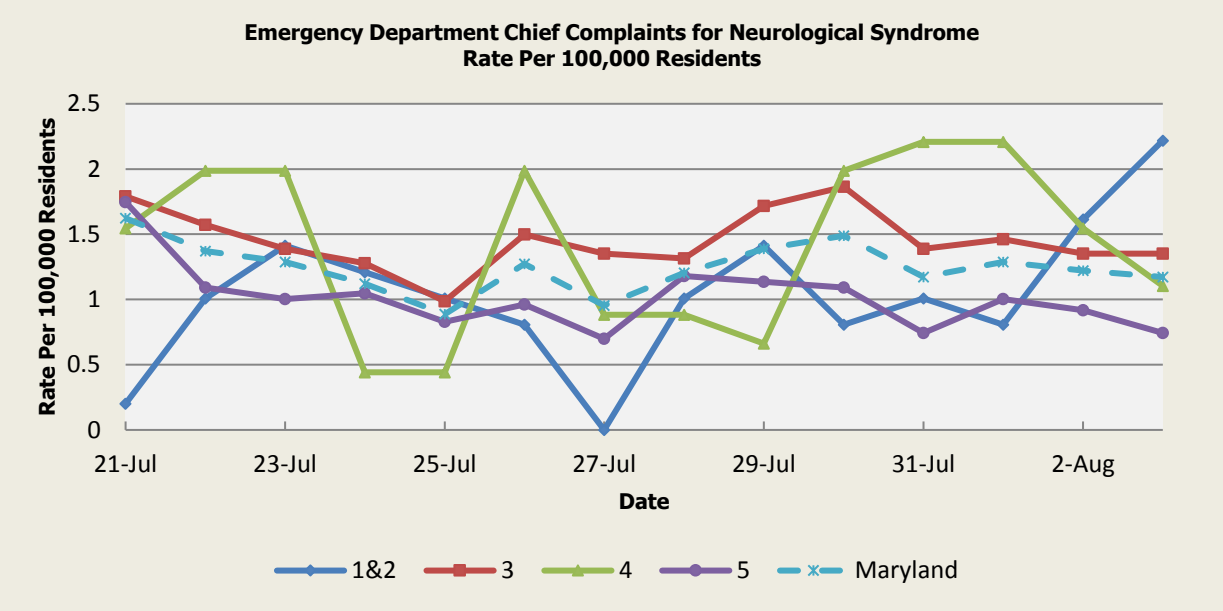
Neurological Syndrome



There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.78	0.95	0.86	0.60	0.79
Median Rate*	0.81	0.84	0.66	0.52	0.70

** Per 100,000 Residents*

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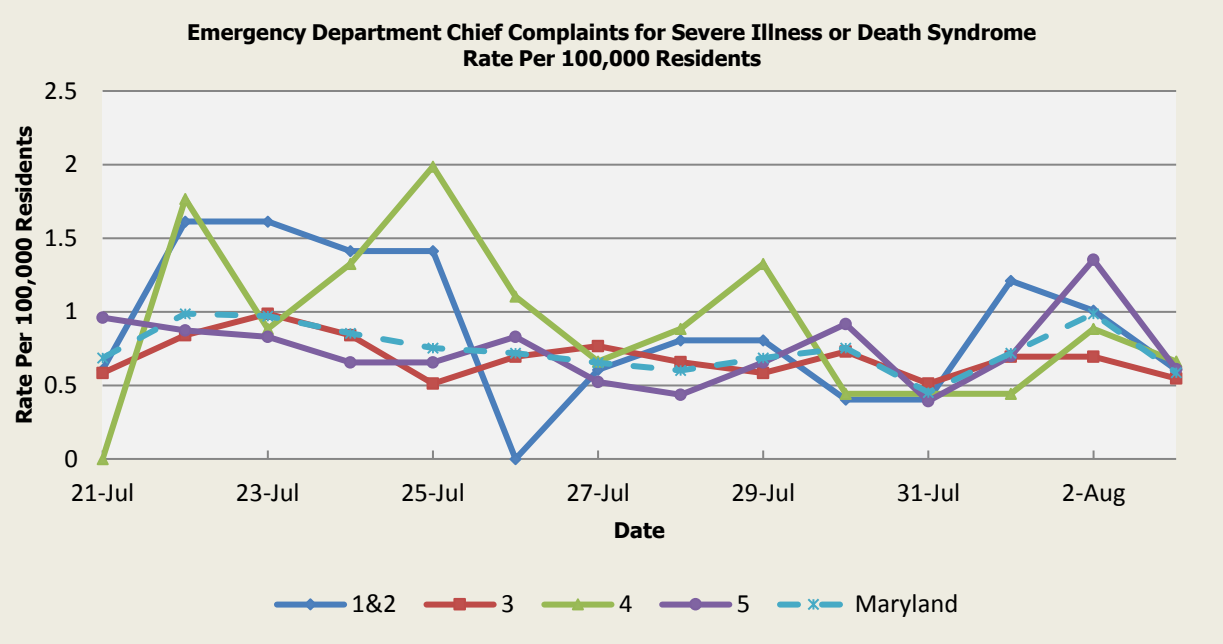
Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.69

** Per 100,000 Residents*

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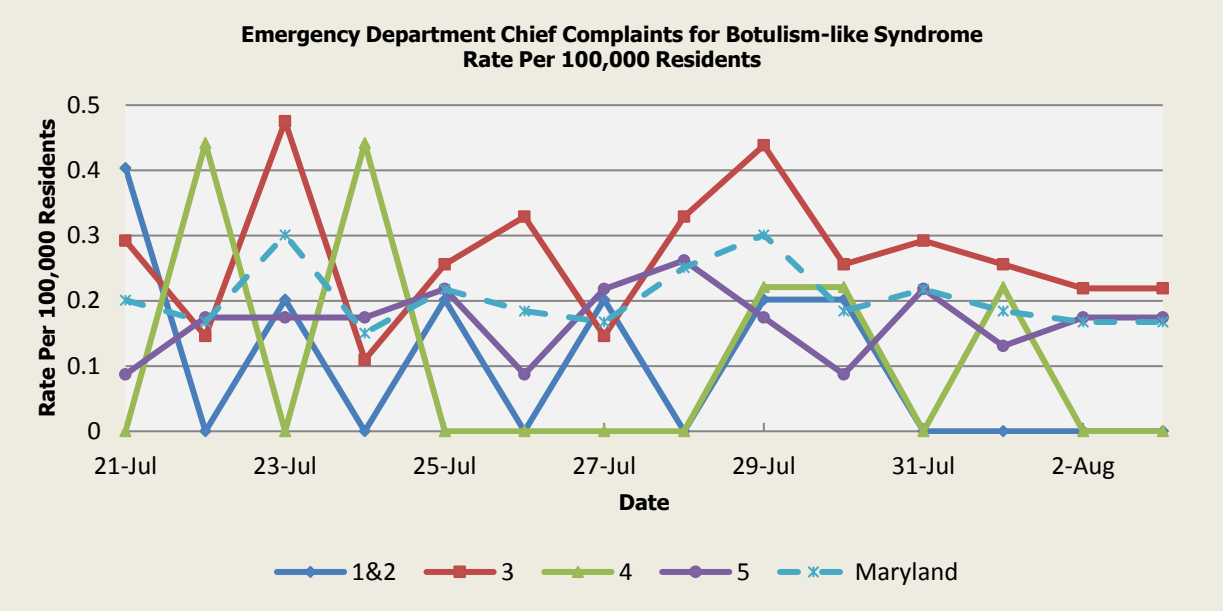
SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome 7/21 (Regions 1&2,3), 7/22 (Regions 4,5), 7/23 (Regions 1&2,3,5), 7/24 (Regions 4,5), 7/25 (Regions 1&2,3,5),7/26 (Region 3), 7/27 (Regions 1&2,5), 7/28 (Regions 3,5), 7/29 (Regions 1&2,3,4,5), 7/30 (Regions 1&2,3,4), 7/31 (Regions 3,5), 8/1 (Regions 3,4), 8/2 (Region 5), 8/3 (Region 5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.07	0.00	0.04	0.08

** Per 100,000 Residents*

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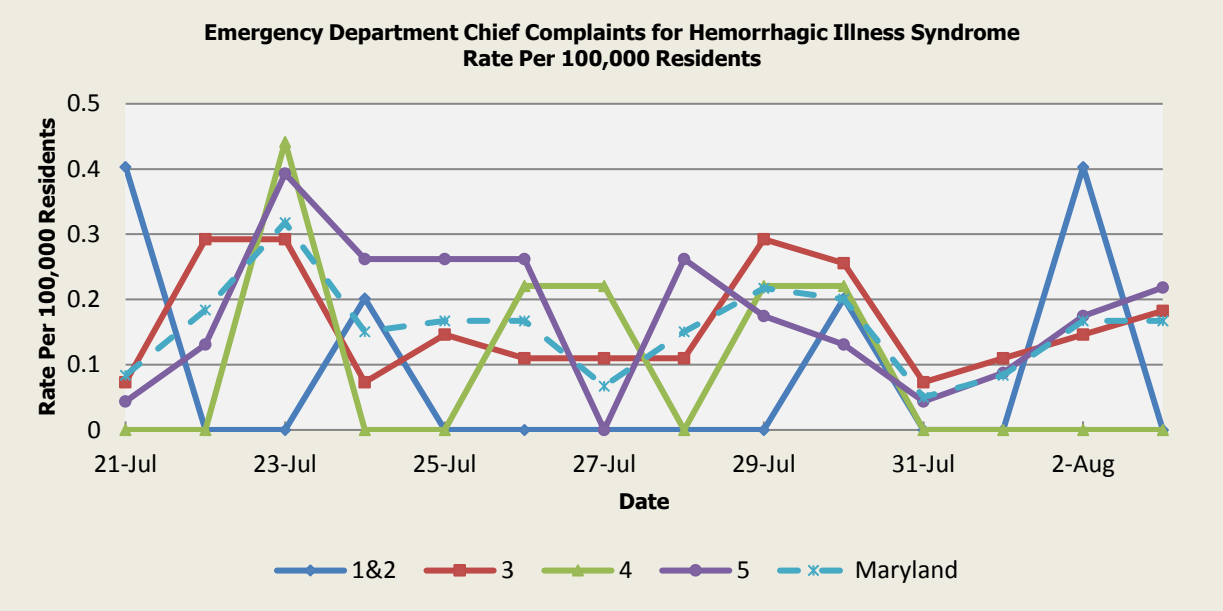
Hemorrhagic Illness Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 7/21 (Region 1&2), 7/23 (Regions 4,5), 7/24 (Regions 1&2,5), 7/25 (Region 5), 7/26 (Regions 4,5), 7/27 (Region 4),7/28 (Region 5), 7/29 (Region 4), 7/30 (Regions 1&2,4), 8/2 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

** Per 100,000 Residents*

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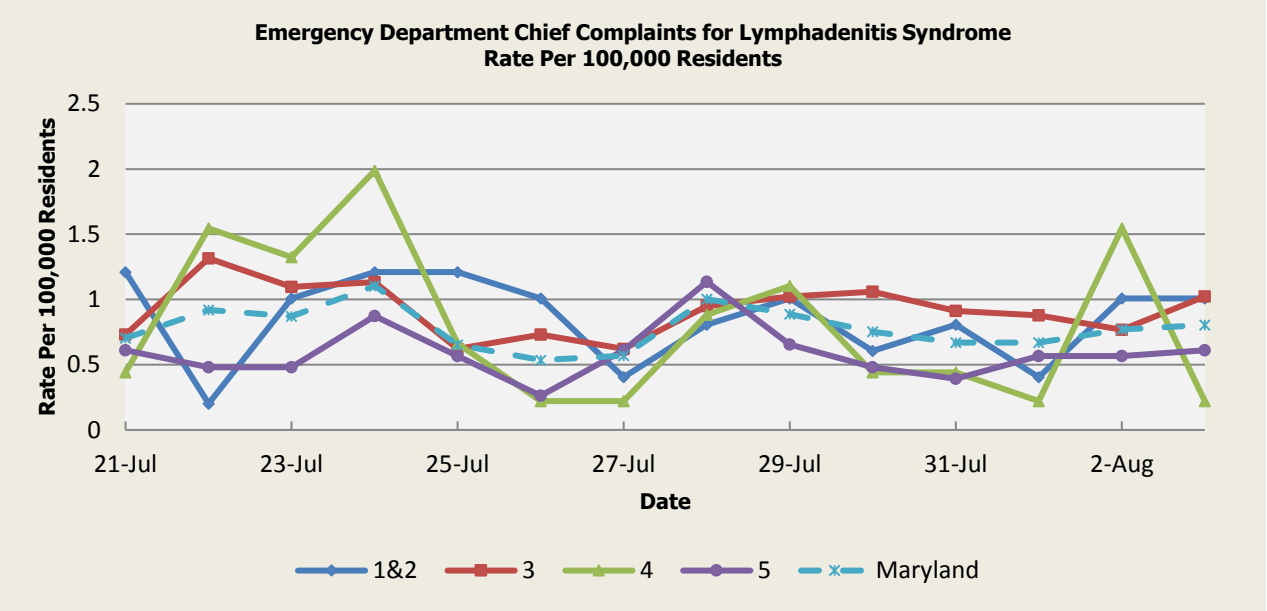
Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome 7/21 (Region 1&2), 7/22 (Regions 3,4), 7/23 (Regions 1&2,4), 7/24 (Regions 1&2,4,5), 7/25 (Region 1&2),7/26 (Region 1&2), 7/28 (Regions 1&2,4,5), 7/29 (Regions 1&2,4), 7/31 (Region 1&2), 8/2 (Regions 1&2,4), 8/3 (Region 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.37	0.59	0.40	0.38	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.42

** Per 100,000 Residents*

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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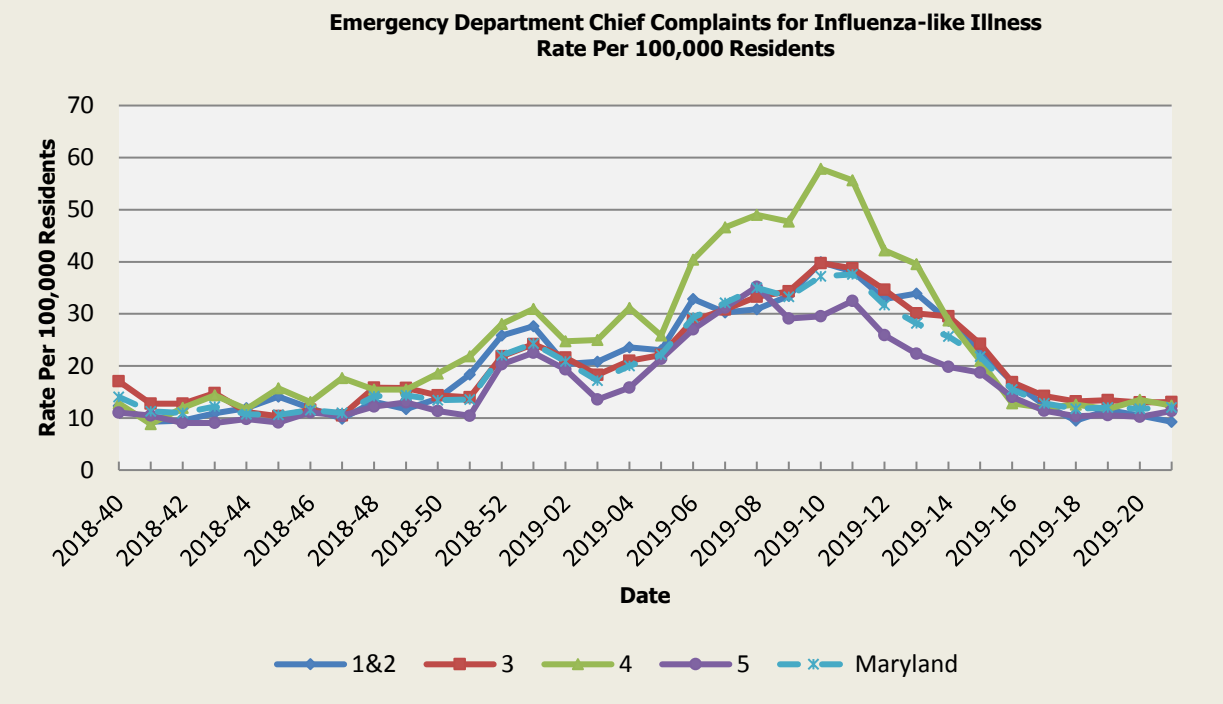
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.20	13.31	12.85	11.28	12.24
Median Rate*	7.66	10.30	9.27	8.77	9.44

** Per 100,000 Residents*

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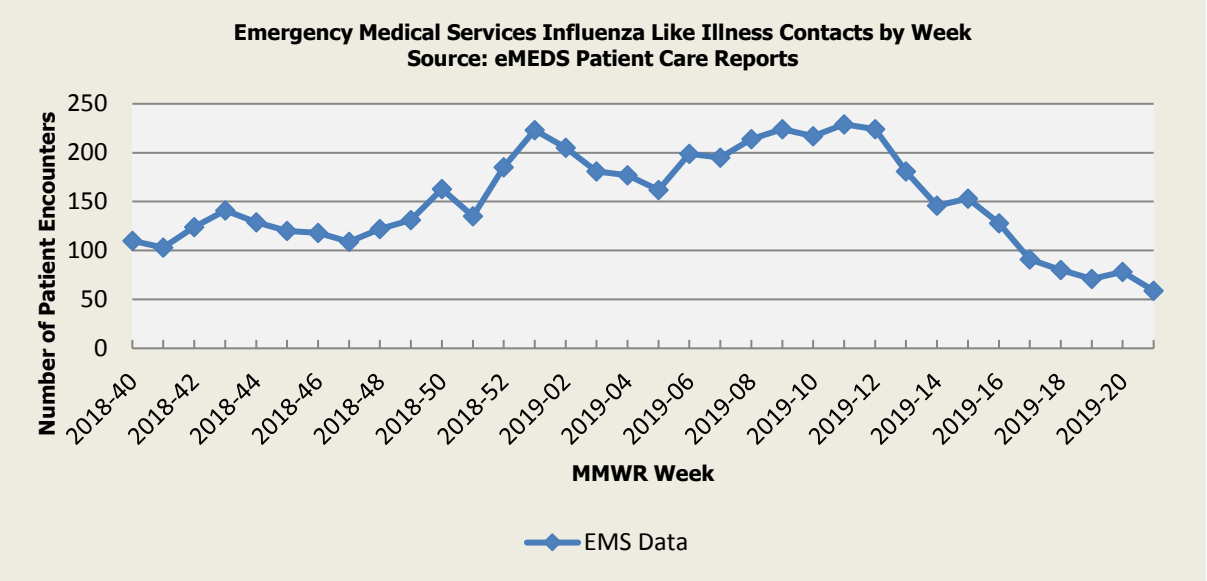
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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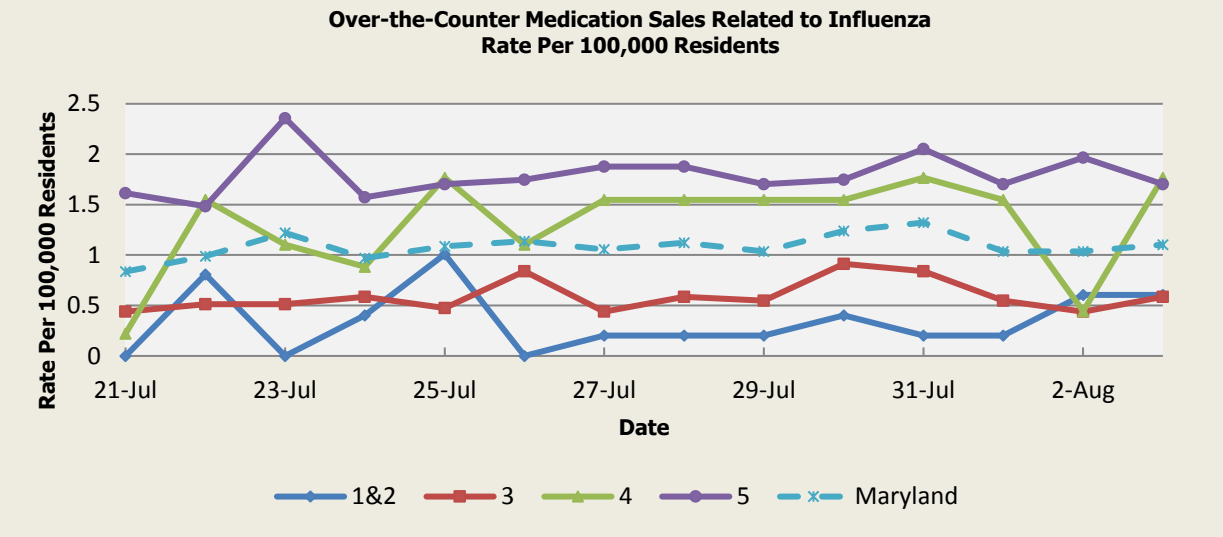
Over-the-Counter Influenza-Related Medication Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.50	4.51	2.69	7.88	5.58
Median Rate*	2.82	3.69	2.21	7.16	4.85

** Per 100,000 Residents*

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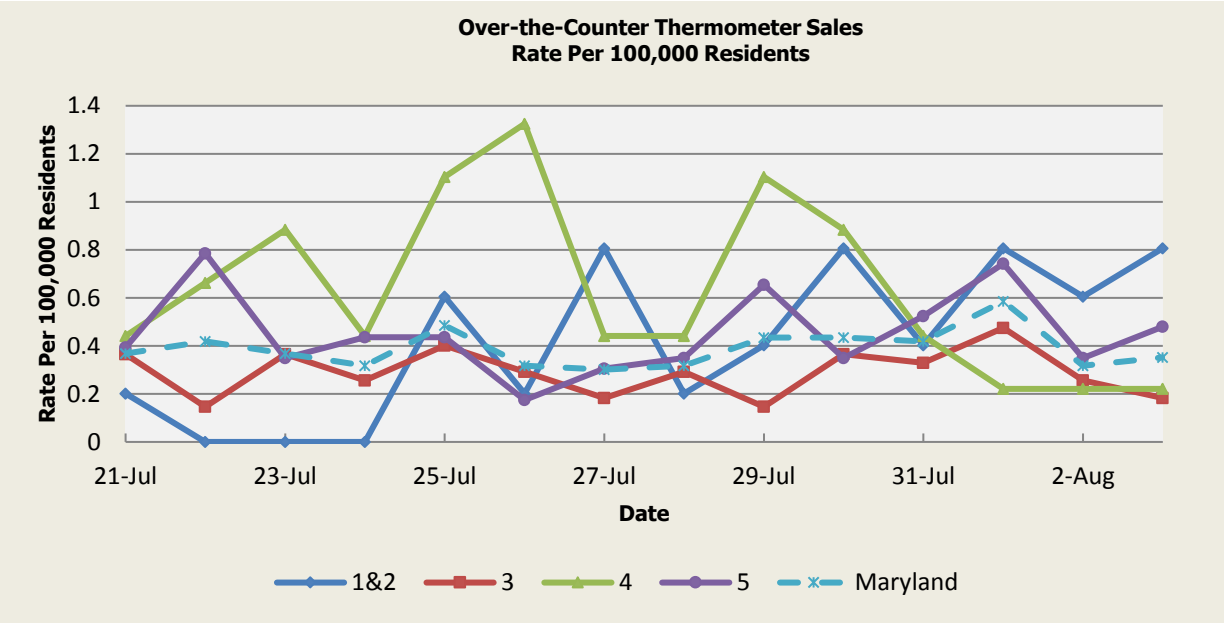
Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.98	2.84	2.26	3.78	3.17
Median Rate*	2.62	2.74	2.21	3.67	3.08

** Per 100,000 Residents*

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SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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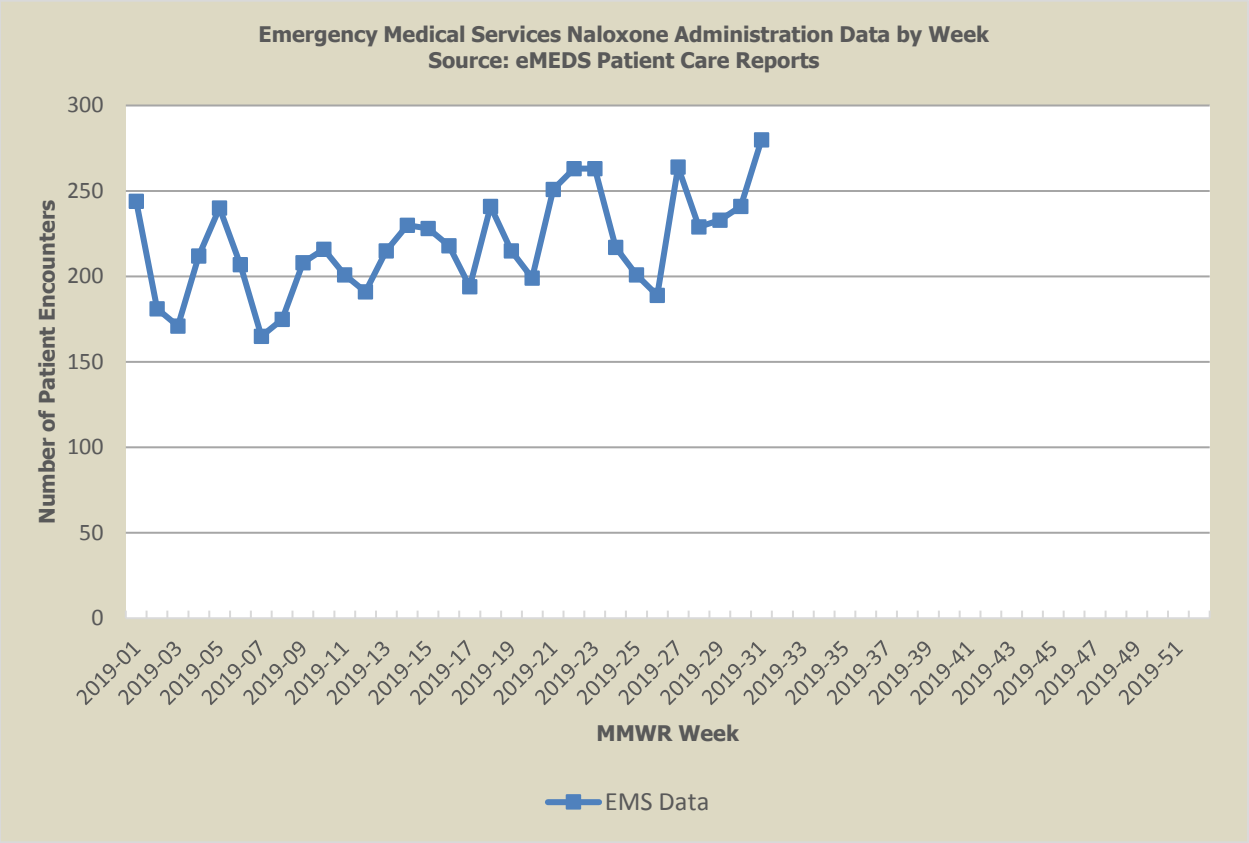
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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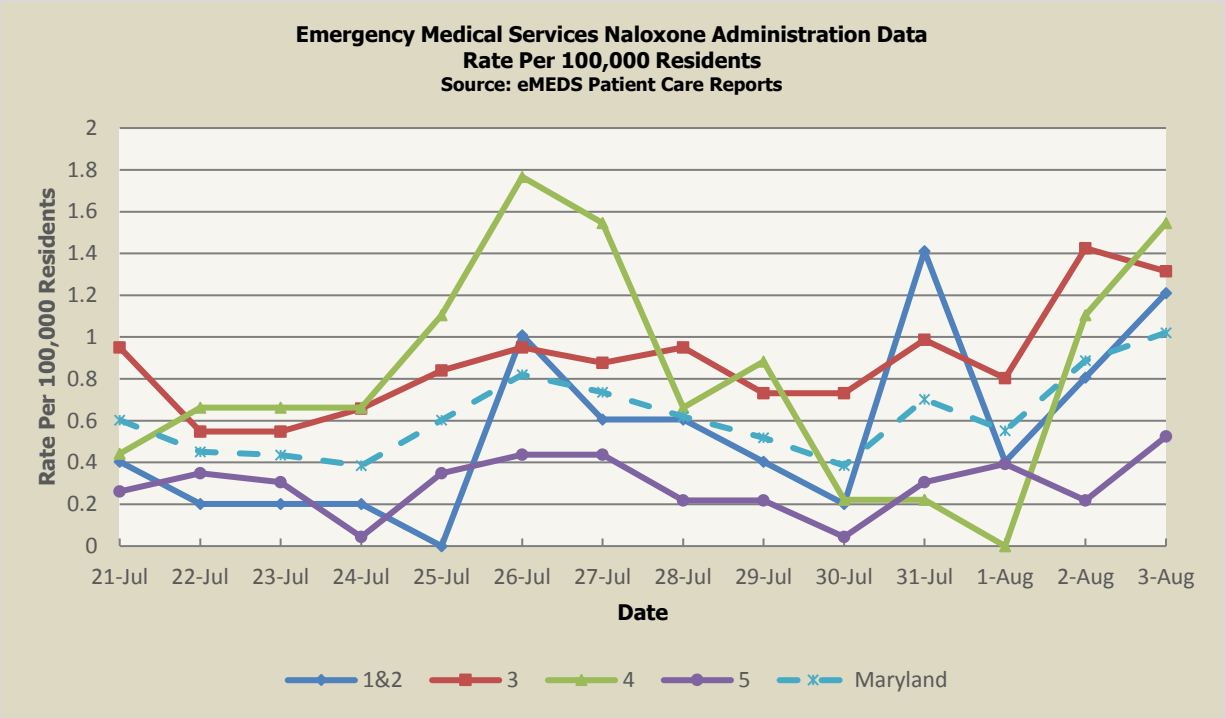
Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 8, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (VIETNAM), 6 Aug 2019, Viet Nam's southern Ba Ria Vung Tau province has seen its 1st outbreaks of A/H5N6 bird flu, which have led to the culling of 10 500 chickens, local media reported on Tuesday [6 Aug 2019]. The outbreaks were spotted in 2 communes in Xuyen Moc district on 31 Jul and 1 Aug 2019, and then tests confirmed that some chickens were infected with the bird flu virus.
Read More: https://www.promedmail.org/post/6609341

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

LEGIONELLOSIS (VIRGINIA), 7 Aug 2019, The Chesterfield County Health Department said it has confirmed 4 more cases of the _Legionella_ bacteria at sites in the northeastern part of the county. [These cases likely refer to environmental sites, not case patients, of which there are 10. - Mod.ML] Read More: https://www.promedmail.org/post/6611384

POWASSAN VIRUS ENCEPHALITIS (NEW YORK), 7 Aug 2019, A Hudson Valley man has died from Powassan virus, a rare and often serious disease spread by infected ticks, health

department officials said. This is the 1st known case of an individual diagnosed with the Powassan virus in New York State this year [2019], the department said.
Read More: https://www.promedmail.org/post/6605639

EASTERN EQUINE ENCEPHALITIS (MULTISTATE), 7 Aug 2019, A horse in Cumberland County was euthanized after contracting a mosquito-borne disease, the state's Department of Agriculture said Tuesday [30 Jul 2019]. The horse, a 4-year-old mare, was not vaccinated against eastern equine encephalomyelitis (EEE). It was the 1st case of the disease in North Carolina this year. Read More: https://www.promedmail.org/post/6610761

INTERNATIONAL DISEASE REPORTS

LEPTOSPIROSIS (FRANCE), 9 Aug 2019, Last week [week of 29 Jul 2019], 3 young people were infected with leptospirosis after swimming in the Ognon, a tributary of the Saone. Infection occurred at the commune of Pesme, Haute-Saone. Read More:
https://www.promedmail.org/post/6613186

TULAREMIA (SPAIN), 9 August 2019: The leaders of Castilla y Leon, through its territorial delegation in Palencia, has confirmed that as of yesterday, 5 Aug 2019, there are already 16 cases of tularemia in the province. There are 29 other probable cases that are under study. Read More: https://www.promedmail.org/post/6611184

TULAREMIA (SWEDEN), 8 Aug 2019, There have been several reported cases of tularemia or rabbit fever, known as 'harpest' in Sweden, this summer [2019], mostly in the north and centre of the country. Read More: https://www.promedmail.org/post/6612595

TICK-BORNE ENCEPHALITIS (LITHUANIA), 8 Aug 2019, The rate of tick-borne encephalitis in Lithuania remains the highest in Europe, announced the country's Center for Communicable Diseases and AIDS (ULAC) on [Tue 6 Aug 2019]. Read More:
https://www.promedmail.org/post/6611788

MALARIA (BURUNDI), 8 Aug 2019, A serious outbreak of malaria in Burundi has reached epidemic proportions, killing almost as many people as the Ebola crisis in the nearby Democratic Republic of the Congo. Read More: https://www.promedmail.org/post/6611871

HANTAVIRUS (TURKEY), 8 Aug 8 2019, A group of Turkish scientists has identified 4 rare viruses in Turkey that cause hemorrhagic fever and lead to death due to renal failure, a scientist said [Mon 5 Aug 2019]. Read More: https://www.promedmail.org/post/6611838

CRIMEAN-CONGO HEMORRHAGIC FEVER (UGANDA), 5 Aug 2019, One person has been confirmed dead and 49 others currently are isolated following an outbreak of Crimean-Congo hemorrhagic fever (CCHF) in Lyantonde District. Read More:
https://www.promedmail.org/post/6605945

WEST NILE VIRUS (EUROPE), 4 Aug 2019, Two people over 80 were the 1st victims of West Nile virus in Greece this year [2019], according to the weekly epidemiological surveillance

report published by the National Public Health Organization (EODY). Read More: https://www.promedmail.org/post/6605638

TRICHINELLOSIS (ARGENTINA), 4 Aug 2019, A family living in El Borbollon, Las Heras, ate ham and sausages after fixing pork at their home, but after this, 11 persons needed medical attention because of the occurrence of symptoms related to trichinellosis. Read More: https://www.promedmail.org/post/6605348

SALMONELLOSIS, SEROTYPE ENTERITIDIS (FRANCE), 4 Aug 2019, Almost 50 people are ill in France as part of a foodborne outbreak linked to eating a brand of unpasteurized, raw milk sheep's cheese. A spokeswoman from Sante Publique France told Food Safety News that _Salmonella_ Enteritidis was responsible for 49 illnesses and one person needed hospital treatment. Read More: https://www.promedmail.org/post/6605120

CYCLOSPORIASIS (MEXICO), 3 Aug 2019, British holidaymakers visiting Mexico are being warned about an intestinal parasite that is ravaging resorts in the country. A total of 14 tourists staying at luxury hotels in the Riviera Maya resort and Cancun have experienced crippling stomach pains, sickness and diarrhea due to an illness that is passed on through contaminated food. Read More: https://www.promedmail.org/post/6604105

LYMPHATIC FILARIASIS (YEMEN), 3 Aug 2019, The Global Alliance to Eliminate Lymphatic Filariasis (GAELF) reported this week that Yemen has eliminated lymphatic filariasis as public health problem, making them the 2nd country in the Eastern Mediterranean Region of the World Health Organization (WHO) to achieve this. Read More: https://www.promedmail.org/post/6604104

TUBERCULOSIS (GERMANY), 3 Aug 2019, An unusually high number of students and teachers at a school in southwestern Germany have been infected with tuberculosis. Health officials are scouring the school for clues about why the disease spread. Read More: https://www.promedmail.org/post/6603558

LISTERIOSIS (EUROPE), 2 Aug 2019, A 6th person has died from a _Listeria_ infection after eating NHS sandwiches, Public Health England (PHE) has confirmed, as they continue to investigate whether more people have died at dozens of trusts. Read More: https://www.promedmail.org/post/6601489

UNDIAGNOSED ILLNESS (PAPUA NEW GUINEA), 2 Aug 2019, Papua New Guinea health officials have been dispatched to the Eastern Highlands after dozens of people reportedly died in a disease outbreak. The provincial governor, Peter Numu, told local media 35 people at the local hospital died from curable diseases. He said 11 died over the weekend [27-28 Jul 2019], although he didn't specify when the others died. Read More: https://www.promedmail.org/post/6601497

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County